EDITORIAL COMMENT

This department of California and Western Medicine presents editorial comment by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to every member of the California and Nevada Medical Associations to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

Retinitis Pigmentosa—A New Treatment.—Retinitis Pigmentosa is a degenerative disease of the retina that is found more frequently in men than in women. There seems to be a definite hereditary tendency, and family trees which show the transmission of this disease through several generations have been published. The etiological factors of the disease have never been established. The course is well known, however, starting soon after puberty with the symptom of hemeralopia (night blindness) of a mild degree. This gradually increases in severity until the patient is almost blind at night. The field of vision early shows a peripheral loss which gradually increases in area until only a very small central field is left. Usually around the age of forty this remnant disappears also.

Fairly good central vision is maintained for a long time and it is not until the field is very small that the vision begins to fail rather rapidly. During the course of the disease there occur many periods, often several years in length, in which the disease makes no progress; but no cases of spontaneous recovery have been recorded. Inevitably the field begins to shrink again and eventually blindness overtakes the victim.

Fundus changes are very characteristic. In the early stages we see far in the periphery that the retinal pigment has migrated and is gathered in very typical bone-corpuscle shaped masses. As the degeneration progresses, these pigment changes invade more and more of the retina and gradually approach the macula. The retinal vessels become very narrow, the arteries almost hair fine, and the disk becomes a dirty, grayish yellow. Finally the pigment changes involve the whole of the fundus, only the region of the macula itself not showing these changes.

Up to the present, when the ophthalmologist has made the diagnosis of retinitis pigmentosa he has, at the same time, condemned the patient to eventual blindness. Treatment has been rather futile and consisted chiefly in stimulating the blood supply either by instillation of dionin, hot compresses, or subconjunctival injections of hypertonic salt solutions.

Recently, F. Wibaut[1] of Amsterdam published some startling results which may change this poor prognosis. In view of the fact that men were much more frequently attacked than women, he thought of trying the newly isolated female sex hormone. He started with moderate doses, with no results; however, when he gave tremendously large doses, he obtained marked improvement in one case.

In this case he gave one hundred mouse-units subcutaneously, daily, for a period of over six weeks. During this time the field which had shrunken to about 15 degrees in size broadened out to about three-quarters of the normal, and the vision improved from one-fifteenth to one-third. In other cases he did not have such brilliant success; two showed a moderate improvement, whereas two others, one of which was practically blind, did not improve. This work has been tried out at various other clinics with, usually, poor success.

Herrenschwand of Innsbruck, Austria, however, showed the writer the results in a successfully treated case. The patient was a comparatively young man who showed all the typical signs of retinitis pigmentosa: hemeralopia, shrinking field, and fundus changes. After vigorous treatment this field became normal, the hemeralopia less, and his vision improved though the fundus showed no diminution in the pigment changes.

Perhaps the poor success of other workers has been due to the fact that the therapy was chiefly tried in old, advanced cases. As the extract can now be obtained in a form to be given by mouth, we are now in a position to treat patients without the necessity of a daily visit. It is to be hoped that anyone to whom one of these desperate cases comes will try this new method of treatment, and publish the results so additional data can be gathered. In this way we can learn if there is anything to be gained from this treatment or not.

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Immunity in Diphtheria.*—Questions not infrequently arise concerning the status of individual immunity to diphtheria following an attack of this disease. Many assume that an attack confers immunity. If the reverse opinion is held it seems difficult to say wherein the patient, treated with antitoxin, differs from an individual treated with toxin-antitoxin or with toxoid. Discussions and such statements, for example, as quoted[1] in a recent number of the *American Journal of Public Health,* "We should imagine a fever nurse who had had diphtheria to have the maximum possible resistance to a second attack of that disease, yet it is possible even for her to die from it," indicate that the elements of the immunity status are frequently not pieced together, yet this status seems virtually proved. It is necessary only to gain a dynamic rather than a static concept.

1 Wibaut, F., Deutsche Med. Wochenschrift, No. 41, 1931.

* From the Department of Bacteriology, University of California Medical School, San Francisco.

1 Note, Am. J. Pub. Health, 22:6, 1932.